

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CAMPAIGN MONEY WATCH

(b) Address (number and street) ☐ check if different than previously reported

1320 19TH STREET NW SUITE M-1

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

### 2. FEC Identification Number

C C30000160

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 1 / 0 1 / 2 0 0 7

through

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

(b) Communication Title Scratch

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

### 8. Custodian of Records

(a) Name

Gail Gomez

(b) Address (number and street)

c/o Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

Office Manager

### 9. Total Donations This Statement

655000.00

### 10. Total Disbursements/Obligations This Statement

166332.53

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 09/13/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.